

EMPLOYEE LAPTOP AGREEMENT FORM

Employee Information	
First Name	Last Name
Email Address	
Department	
Job Title	
Supervisor Name	

Laptop Information	
Model	Serial Number
Accessories Included	
Remarks	

In acceptance of this device (Laptop) for usage, I agree to the terms and conditions stated below:

I understand that I am responsible for the laptop whilst in my possession.

I am responsible for keeping the laptop in good condition while using it and until the time of return.

I understand that I should not install any program or software that is not permitted for use by the company for privacy and security reasons.

I should be the only authorized person to have access to and use this laptop. Any unauthorized access to this laptop is a violation of this company's policy and employment regulation and employment contract.

I should remove all data that does not belong to the company and/or is not work-related before turning over the laptop to the designated department.

In the event of loss, theft, or damage, this must be reported to the police within 24-48 hours, and a copy of a Police report or incident report must be submitted to the company for verification purposes.

I understand that any violation of these policies is a violation, and I am subject to any disciplinary action by the company.

Signature Date:

Signature: